PLACE OF DEATH

BINDING

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(Durstion) vrs. the Discase Causing Death, Villent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-The DATE OF BURIAS If more b.anks are naeded, addrown State Ragistrar, 16 W. Saratoga St., Bako., Requesting V. S. No.

STATE OF MARYLAND

(If death occurred in a hospital or institu-tion, give its NAME instend of street and

number.)

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," "Manager," 'Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) whatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Physician, Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, (b) Automobile factory. The material Grocery;

EASE GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrary fever (the only definite synonym is "Epidemic cerebrary spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

approved by Committee on Nomenclature of the American Medical Association.) atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of "PUERPERAL seplicaemia," "PUERPERAL peritonilis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases "Uraemia," "Weakness," etc., when a definite disease accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e.g., sepsis, .... (name origin; "Cancer" is less definite; avoid inus) may be stated under the head of "contributory." Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage cough; Chronic etc. valvular The heart contributory disease; 23

answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the cartificate in permanently flied.

permanently filed.

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should f OCCU	County Charles  Village or City non-fernoy:	Registration Dist. No. 100102  No. St., Ward
CIANS sl	// Un	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
IXSI	(a) Residence: No. how may M (Usual plage of abode)	St., Ward.  If nonresident give city or town and State
P. P.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY. P.	3. SEE A. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May h S 193 (Year)
A C T I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of meg pawie.	22. I HEREBY CERTIFY, That I attended deceased from 19
stated EX properly cla ertificate.	6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
	7. AGE Years Months Deys If LESS than 1 day,hrs. ormln.	to have occurred on the date stated above, et
be be	8. Trade, profession, or particular kind of work done, es SPINNER CLOSES SAWYER, BDDKKEEPER, etc. 9. Industry or business in which	& Multiple Fractions
should it may n back	work was done, es SILK MILL, Street SAW MILL, BANK, etc	9 13 ody.
AGE so that	this occupation (month and spent in this occupation  12. BIRTHPLACE (city or town)  (State or country)	Other Contributory Canses of Importance.  Struck Ly hit bruin
upplied. terms, so	'25	auto driver.
y supplain tel	13. NAME Some Sove.  14. BIRTHPLACE (city or town) Charles Our (State or country)	Name of operation Date of  What test confirmed diegnosis? Was there an autopsy?
should be carefully E OF DEATH in pla is very important.	15. MAIDEN NAME Manager Thumas  16. BIRTHPLACE (city or town)  (State or country)	23. If death wes due to external causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide Castallin Bete of injury 128, 19.36  Where did injury occur? Rangemay Mid.
	17. INFORMANT Ainton (Address) Concactor Md.	Specify city or to the county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
	18. BURIAE, GREMATION, OR REMOVAL Place Manguny My Date May 30, 136.	Nature of injury
mation CAUS TION	19. UNDERTAKER BUSINESS (Address) Bel Dette Mg	24. Was disease or injury in any way related to occupation of deceased?
3	20. FILED May 29, 1930 De Comme Registrar.	(Signed) Ser, C. Vochnell M. D.  (Address) Marling M. D.
	If more blatks gre-moded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis   RECFIVED	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1			

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

OCCUPA 1. PLACE OF DEATH plnods County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. If of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_ mos.\_\_\_\_ds. statement If U. S. Veteran, specify WAR, (Usual place of abode) Exact RECO MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT CIL classified. BINDING 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. That I attended deceesed from (or) WIFE of × A certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Days If LESS than to have occurred on the date stated above, at, FOR stated 1 day, ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importence 1 SI or\_\_\_\_min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.\_\_\_ MARGIN RESERVED Ju 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... may plnous 11. Total time (years) 1D. Data decaased last worked at this occupation (month and spent in this AGE that occupation. UNFADING Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) supplied. plain terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town) Neme of operation (State or country) carefully What test confirmed diagnosis?. MOTHER 15. MAIDEN NAME important. 23. If death wes due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?\_\_\_ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE very 17. INFORMANT OF (Address) 18, BURIAL, CREMATION, OR REMOVAL WRITE Manner of Injury 18 CAUSE mation LION Nature of Injury 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

STATE OF MARYLAND—CERTIFICATE OF DEATH Ward If nonresident give city or town and State (Year) Data of onset

Was there an autopsy?\_.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	R	Example II	
The principal cause of death and related causes of importance were as follows: CEIVED  Arteriosclerosis	Pate of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis 11111 & 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BUREAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9
County Clearlie.	Registration Dist. No. / 0 2/
Village or City Somocalles!	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Shirley L. Gil	ros
(a) Residence: No.	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Hart 15, 1936  (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
1.141035	, 19.50, 10
6. DATE OF BIRTH (month, day, end year) Sefe 7 19 36	I last saw h
7. AGE Years Months Deys If LESS than I day,	to have occurred on the date stated above, at
8 0 ormin.	were as follows: Oate of onest
8. Trade, profession, or particular kind of work done, as SPINNER, A RAWLER, BOOKKEPER, etc.	Genussis
SAWYER, BOOKKEEPER, etc	Tomelia Jeneumona.
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased lest worked at 11. Total time (years)	
this occupation (month and year) spent in this occupation	
Done as tes	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Norman Gilms	
	No. of contrast
4. BIRTHPLACE (city or town) (State or country)	Name of operetion Dete of
	What test confirmed diegnosis? Was there en autopsy?
I / O / O / O	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
- (State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CAddress) Aprice ter md.	Specify whether Injury occurred in INDUSTRY, In-HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Comeaster Ind Date May 1619 36	Nature of injury
19. UNDERTAKER Skint & Ryon (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May / 6 1036 OV Thompson. Registrar.	(Signed) though & Hickmel M.D. (Address) marking md
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA	AN
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BINDING RESERVED MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Day)

Date of onset

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Arteriosclerosis	1915	Attack of emlepsy	1 week ago
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Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Hughwill (No	Registration Dist. No
2FULL NAME Frances July	in Nerhalo tion, give its NAME stend of street anumber.)
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)  (Month)  (Bay)	IS 53 that I last saw h An alive on May 2.3 , 193  (Year)  16 DATE OF DEATH  (Month (Day) (Year)  (Year)  (Year)  18 5.3 that I last saw h An alive on May 2.3 , 193
	ESS than and that death occurred on the date stated above, at 1-20, and ayhrs. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or	min.? Couleral Vemorrhage
8 OCCUPATION ds. or	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER (State of country)  WARRY  (State of country)  Marry  OF FATHER (State of country)  Marry  OF FATHER (State of country)  Marry  OF FATHER  (State of country)  Marry  OF FATHER  (State of country)	Contributory  Co
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State of country) (State of country) (State of country)	Contributory Secondary  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Signed)  (Duration)  (Signed)  (Duration)  (Duration)  (Signed)  (S
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State of country)  11 BIRTHPLACE OF FATHER (State of country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 BIRTHPLACE OF MOTHER  14 BIRTHPLACE OF MOTHER	Contributory Secondary  (Duration)  (Signed)  (Duration)  (Duration)  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Signed)  (Duration)  (Signed)  (Duration)  (Duration)  (Page 1974  (Address)  (Duration)  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Signed)  (Address)  (Duration)  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Signed)  (Duration)  (Address)  (Duration)  (Duration)  (Signed)  (Address)  (Duration)  (Duration)  (Signed)  (Address)  (Duration)  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Signed)  (Address)  (Duration)  (Duration)  (Signed)  (Address)  (Duration)  (Duration)  (Signed)  (Address)  (Duration)  (Duration)  (Signed)  (Address)  (Duration)  (Duration)  (Duration)  (Signed)  (Address)  (Duration)  (Durat
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ASOVE IS TRUE TO THE SEST OF MY KNOWLEDG	Contributory Secondary  (Duration)  (Signed)  (Duration)  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Signed)  (Address)  (Duration)  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Signed)  (Address)  (Duration)  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Signed)  (Address)  (Duration)  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Duration)  (Signed)  (Duration)  (Duration)  (Duration)  (Duration)  (Signed)  (Duration)  (Signed)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Signed)  (Duration)  (

(Approved by U. S. Census and American Public Health Association.)

er," etc., Wilnus.
Laborer, Laborer, Laborer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Nevent, Coak en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foremun, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health whatever, write Nonc. to report specifically the occupations of persons enployed, as At schoot, or At home. Care should be talken work, or At Home, and children, not gainfully lemdefinite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return 'Laborer,'" "Foreman," "Manager," "Peal-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemoid, etc. If the occupation has been changed household only (not paid Housekeepers who receive-a For many occupations a single word or term on yrs). without more precise specification as Day arm laborer, Laborer—Coal mine, etc Wom-For persons who have no occupation Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-FASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synchym is "Epidemic cerebrospinal meningitis"); Diphiluria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); "phoods fever (never report "Typhoid Pneumonia,")

> of as probably such, if impossible to determine definitely. askident; Revolver wound of head-homicide; Poisoned by Idanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., separe 10 ds. stated unless important. Example: Mcasles disease approved by Committee on Nomenclature carbolic acid-probably smeade. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ethaustion," "Heart failure," "Haemorrhage," atie), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary inges, pertonaeum, etc., Carcinoma, Sarconu., etc., of ..... (name origin; "Cancer" is less definite; uvoid (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping cough; Chronic Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY " "Old Age, " "Shock," etc. valrular heart disease; The contributory Mousles; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

en at home, cupation is very important, so that the relative health tired 6 yrs). For persons who have no occupation er," etc., Spinner, (b) Cotton mill; (a) Salcsman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully comworked on may form part of the second statement. Never return 'Laborer,'" "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on Farm laborer, Laborer—Coal mine, etc. wounwithout more precise specification as Day specifically the occupations of persons (b) Automobile factory. The material If the occupation has been changed Grocery;

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia");

answered in detail, it will prevent further correspondence. A lthe

permanently filed.

Occapolic acid - probably succide. The nature of the injury, American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, ac inges, perilonaeum, etc., Carcinoma, Sarcomu,, etc., of ..... (name origin; "Cancer" is less definite; avoid "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing stated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Tramples: A ccidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. State cause for which surgical operation was undercan be ascertained as the cause. Whooping Recommendations on statement of cause of death If this certificate is looked over thoroughly and all questions dnus) may be stated under the head of "contributory." cident; Revolver wound of head-homicide; Poisoned by "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage cough; " "Marasmus, " "Old Age, " "Shock," Chronic affection need etc. valvular Nomenclature of the Always qualify all The contributory heart not he disease;

PHYSICIANS should state Exact statement of OCCUPA.

See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	97 1 1100
County Chas Co	Registration Dist. No. 105
Village Dr City Neur La Blata	At
(If	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME AMM to Kyon	
(a) Residence: Np.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from 1934, to 2011/2, 1936
6. DATE OF BIRTH (month, day, and year) May 1 - (845	I last saw han alive on Moy 12 1936; deeth is seid
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, and 9 Pm.
	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular	were as follows: Date of onset
A Name of Work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month end	5/091
9. Industry or business in which	1
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 1D. Date deceased last worked at this occupation (month end year) occupation	
12. BIRTHPLACE (city or town) Ass Co (Md	Dther Contributary Causes of importance:
13. NAME Mender Lyon	
Ŧ	
[ 14. BIRTHPLACE (city or town)   Chas Co. W	Name of operation Date of
15. MAIDEN NAME CLARA & LOARS !!	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME am & farall 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
Lawie Rober	(Specify city or town, county and State)
17. INFORMANT LEWY Address)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 11 / 1st. Date 110423, 1936	Nature of injury
19. UNDERTAKER Hand & Myon (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May x 3, 1936 m. R. Never Se Registrar.	(Signed) Her Lynch M. D.  (Address) Selder

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example		Example II	
The principal cause of death and related consists of importance were as follows:  Arteriosclerosis	date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritip:   REAU V S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

75-	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Clearles.	CERTIFICATE OF DEATH
	Registration Dist. No. / 02/
Village or City Grayton (No	St.: Ward)  (If death occurred is a hospital or institution, give its NAME is stead of a street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Cld Single.  Married.  Widowed. Married  OR DIVORCED  (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
Nov. 11 . 1901	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw her alive on 1990
7 AGE  34 yrs. 5 mos. 28 ds. or min.?	THE CAUSE OF PEATH
(a) Trade, profession or particular kind of work  (b) General nature of industry	
business, or establishment in exhich employed or (employer)	(Duration)yrsmosde
(State or country) Charlee Co. Md.	Contributory Secondary  Duration) yrs
10 NAME OF Joseph Marlury	(Signed) Sto. O. Sickwell M.D. M.D. May 6 136 (Address) markens mod
II BIRTHPLACE OF FATHER (State of country) Charles Co. Md,	*tate the Disease Causing Death, or, in deaths from Visiont Causes, state (1) Means of Injury and (2) Whether Acordental, Suicidal or Homicidal.
of MOTHER falle hauson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Clearle Cor Mid,	At place of death yrs ds. State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Kate Markury	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) fraylon Ind.	Priviside and May 5, 1036
Filed many jets of thompson Registrar	Stanly Penny Masin open Ma
If more blanks are needed, addre.s tate Registra	r, 16 W. Saratoge St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Code, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material to know or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal mine, etc. person, irrespective of not gainfully em-(6) Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,")

> (Recommendations on statement of cause of Tas fracture of skull, and consequences (e.g., sepsis, toldinus) may be stated under the head of "contributory." American Medical Association.) carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease approved accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY by cough; Committee on Nomenclature of the Chronic etc. The contributory valvular Always qualify all heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH County har	les!		(23)	Registration Dist. No.	121
Village or City Now	emor	/.	No.	St.	,W:
Length of residence in city or town where	1		death occurred in a hospital or institu		
2. FULL NAME PORCE	10.	sctos.			
(a) Residence: No.			St. Ward.	X	
	(Usual place of			If nonresident give city or town	
PERSONAL AND STATIST				ERTIFICATE OF DEAT	H
3. SEX 4. COLOR OR RACE		(write the word)	21. DATE OF DEATH	Mary (6 (Day)	, 193 J (Year
5a. If married, widowed, of divorced HUSBAND of (or) WIFE of	Procto	5.	22. I HEREBY	CERTIFY, That I atter	ided deceased
6. DATE OF BIRTH (month, day, and year)	1900		I last saw h alive on	m - 9 9 /19	36.; death is
7. AGE Years Months	Days	If LESS than 1 day,hrs.	to hava occurred on the date state		
36 m	13	ormin.	were as tollows:	'H and related causes of importance	, Date of c
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	House	ente	Lulmonar	of Villerculous	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	/	/-			
	12.7.4.4				
10. Date deceased last worked at this occupation (month and year)	11. Total tim	in this ation			
Coll.	arles C	·	Other Contributory Causes of Impo	ortance:	
12. BIRTHPLACE (city or town) (State or country)	mol.				
I 13. NAME Som. A	aris				
14. BIRTHPLACE (city or town) North	Lgomery	- Q.,	Name of operation	Date	of
(State of country)	H myde	,	What test confirmed diagnosis?	Was there	an autopsy?
T 15. MAIDEN NAME	of thos	nas		uses (VIOLENCE) fill in also tha follo	
16. BIRTHPLACE (city or town) (State or country)	sarle	100,		Data of injury	, 19
avatter.	Danis		Where did injury occur?	(Specify city or town, county and n INDUSTRY, in HOME, or in PUBLI	State)
17. INFORMANT OF COMME	mon,	md-	and the second s		
18. BURIAL, CREMATION, OR REMOVAL	ed One	110.36	Manner of injury		
Place / LU / L	Date / Fred	7-1-6-, 1900	Nature of injury		
19. UNDERTAKER (Address)	lata	md	24. Was diseasa or injury in any w	yay related to occupation of deceased	1?
20, FILED MM 17 19 26 08	TAKUA A	0	(Signed)	2. Qualine	l,

V. S. No. 1

Ω ż

PHYSICIANS should state

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY.

mation should be carefully supplied.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN 4 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF JEATH County. Coun	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City  Itempth of residence in city or town where death occurred in a hospital or institution, give in NAME inseed of street and number)  Length of residence in city or town where death occurred in a hospital or institution, give in NAME inseed of street and number)  2. FULL NAME  (a) Residence: No.  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  3. SEX.  4. COLOR OR RACE  5. SINCE, MARRIED, WINDOWED, OR DIVORCED (write the word)  OR DIVORCED (write the word)  7. SEL IT MARRIED AND STATISTICAL PARTICULARS  SEL IT MARRIED AND STATISTICAL PARTICULARS  SEL IT MARRIED AND STATISTICAL PARTICULARS  DATE OF BERTH Month, day, and year)  7. SEL IT MARRIED AND STATISTICAL PARTICULARS  SEL IT MARRIED AND STATISTICAL PARTICULARS  SEL IT MARRIED AND STATISTICAL PARTICULARS  DATE OF DEATH  2. LACELOR OR RACE  S. SIL MARRIED AND STATISTICAL PARTICULARS  DATE OF DEATH  2. LACELOR OR RACE  S. SIL MARRIED AND STATISTICAL PARTICULARS  DATE OF DEATH  2. LACELOR OR RACE  S. SIL MARRIED AND STATISTICAL PARTICULARS  DATE OF DEATH  2. LACELOR OR RACE  S. SIL MARRIED AND STATISTICAL PARTICULARS  DATE OF DEATH  2. LACELOR OR RACE  S. SIL MARRIED AND STATISTICAL PARTICULARS  DATE OF DEATH  2. LACELOR OR RACE  (Month)  3. LACELOR OR RACE  (Month)  4. LACELOR OR		
Length of residence in city or town where death occupred.  Length of residence in city or town where death occupred.  2. FULL NAME  (a) Residence: No.  (Usual place of abodo)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OF RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5. II married, widowed, or divorced with or country or city or common and state or country.  6. DATE OF BIRTH (month, day, and year) The common and state or country.  8. Trade, profession, or particular months and common and state or country.  8. Trade, profession, or particular months and control of the country.  8. Trade, profession, or particular months and control of the country.  8. Trade, profession, or particular months and control of the country.  8. Trade, profession, or particular months and control of the country.  8. Trade, profession, or particular months and control of the country.  8. Trade, profession, or particular months and control of the country.  8. Trade, profession, or particular months and control of the country.  8. Trade, profession, or particular months and control of the country.  8. Trade, profession, or particular months and control of the country.  8. Trade, profession, or particular months and control of the country.  8. Trade, profession, or particular months and control of the country.  9. Bind Name of operation.  9. Date of country.  9. Sink or country.  10. MAIDEN NAME  11. Total time (years) occupation.  12. BIRTHPLACE (city or town).  13. MAIDEN NAME  14. BIRTHPLACE (city or town).  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  17. INFORMANY.  18. BURNAL, CREMITION, OR RENOYAL  19. Date of injury.  Name of injury in any way related to occupation of deceased?  18. BURNAL, CREMITION, OR RENOYAL  19. Date of injury.  Nature of injury in any way related to occupation of deceased?  19. Application.  19. Ap	County Colorles	Registration Dist. No. 105
Length of residence in city or town where death occurred.  2. FULL NAME  (a) Residence: No.  (Usus) place of abodo)  PERSONAL AND STATISTICAL PARTICULARS  S.SIMILE MARIED WIDOWED. OR DIVORCED (write the word)  OR DIV	Village or City O	
(a) Residence: No.  (b) St. Ward.    Fersonal and State   Country   Country		
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  A COLOR OF RACE OR DIVORCED (write the word)  Se. If married, widowed, or divorced (in) Wife of  6. DATE OF BIRTH (month), day, and year)  7. AGE  Years  Months  Days  If LESS than I day,	1 1 1 1 1 1	1.
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. ODLOR OR RACE  D. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5. If married, widowed, or divorced  HUSSAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Verst  Months  Days  If LESS than 1 day, hr. or hr.	2. FULL NAME TOUTH	<u> </u>
PERSONAL AND STATISTICAL PARTICULARS  3. SEX A. (2,010 R RACE S. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)  5a. If married, widowed, or divorced (more) white the word)  5b. If married, widowed, or divorced (more) white the word)  5c. DATE OF BIRTH (month, day, and year) May 75 (936)  6c. DATE OF BIRTH (month, day, and year) May 75 (936)  7c. AGE Vers Months Days If LESS than 1 day,		
Sa. If married, widowed, or divorced HUSSAND (Gey)  5a. If married, widowed, or divorced HUSSAND (Gey)  5b. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  1 It LESS than  1 It LESS than  1 Id have occurred on the date stated above, In .  1 Id have occurred on the date stated above, In .  1 Id have occurred on the date stated above, In .  1 Id have occurred on the date stated above, In .  1 Id have occurred on the date stated above, In .  1 Id have occurred on the date stated above, In .  1 Id have occurred on the date stated above, In .  1 Id have occurred on the date stated above, In .  1 Id have occurred on the date stated above, In .  1 Id have occurred on the date stated above, In .  1 Id have occurred on the date stated above, In .  1 Id have occurred on the date stated above, In .  1 Id have occurred on the date stated above, In .  1 Id have occurred on the date stated above, In .  1 Id have occurred on the date stated above, In .  1 Id have occurred on the date stated above, In .  1 Id have occurred on the date stated above, In .  1 Id have occurred on the date stated above,	PERSONAL AND STATISTICAL PARTICULARS	
So. It married, widowed, or divorced HUSBAND of (or) WIFE		May 28 1936
6. DATE OF BIRTH (month, day, and year) May 35 1936 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 3 2 m, m, to have coccurred on the date stated above, at 3 2 m, m, to have coccurred on the date stated causes of importance were as follows:  B. Trade, profession, or particular kind of work done, as SPINKEW.  SAWYER, BDMKEEPER, etc.  Industry or business in which was deven as SILK MILL, SAW MILL, BANK, etc.  10. Dube deceased last worked at this occupation (month and society) and the society of the societ	HUSBAND of	
T. ACE Years Months Days If LESS than I day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNEW SAWYER, BDDKKEPER, etc.  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were	(or) WIFE OT	May 27 1936 to 9 My 27 193
Comparison of particular   Comparison   Co	6. DATE OF BIRTH (month, day, and year) May 25 1936	I last saw has alive on Aug 2 7 1934; death is s
8. Trade profession, or particular kind of the profession of the pro		to have occurred on the date stated above, at 50 Pm.
8. Trade profession, or particular find of work done as SPINNER. SAWYER, BDDKKEPER, etc.  1. Industry or business in which work was done as SPINNER. SAWYER, BDDKKEPER, etc.  1. Date deceased last worked at this occupation (month and occupation)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOYAL Place  Place  19. Whose and the second of the part of of		ware se follows:
Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc	8. Trade, profession, or particular	Infantele facidity
It industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc  12. BIRTHPLACE (city or town)  (State or country)  22. BIRTHPLACE (city or town)  (State or country)  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  15. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOYAL  Place	SAWYER, BDDKKEEPER, etc.	bud
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOYAL Place (Address)  19. UNDERTAKER (Address)  20. FILED Mall   136 M. B. Name  11. Total time (years) spent in this occupation  Other Contributory Causes of importance:  Manuel of operation  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of injury  19. UNDERTAKER (Address)  20. FILED Mall   136 M. B. Name C.  (Signed)  Address A A A A A A A A A A A A A A A A A A	N. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town)   Colored   City or town)   Ci	11. Total time (years) this occupation (month and	
(State or country)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOYAL  Place  Place  19. UNDERTAKER  (Address)  20. FILED  21. INFORMANT  (Signed)  22. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  Nature of injury  Nature of injury  (Signed)  Company of the	LO CURTURE ACT ( I WAS A CONTROL OF A CONTRO	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOYAL  Place  19. UNDERTAKER  (Address)  20. FILED  What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)		C- I.T.
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOYAL  Place  19. UNDERTAKER  (Address)  20. FILED  What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)	13. NAME Frank Schach	
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOYAL  Place  19. UNDERTAKER  (Address)  20. FILED  What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  ORDINAL  (Signed)	14. BIRTHPLACE (city or town) Lustra Ouges	Name of operation Date of
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOYAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  Manner of injury  24. Was disease or injury in any way related to occupation of deceased?  (Signed)	(State or country)	
Specify city or town, county and State)   Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address)   Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address)   Manner of injury	15. MAIDEN NAME True Oridsul	
Specify city or town, county and State)   Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.   (Address)	5 16. BIRTHPLACE (city or town) Charles Count	
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOYAL Place Portform  19. UNDERTAKER  (Address)  24. Was disease or injury in any way related to occupation of deceased?  (Address)  20. FILED  (Signed)  (Address)		Where did injury occur?
Place Romfred personne 1,1936  Nature of injury  19. UNDERTAKER Hundford 24. Was disease or injury in any way related to occupation of deceased?  (Address) Hall 1,136 M. B. Mours (Signed) Agricult M.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
19. UNDERTAKER A LIMITAGE 24. Was disease or injury in any way related to occupation of deceased?  (Address) Lack of M. C. Mourk (Signed) Lack of Manual Man	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
20. FILED MULL 1, 136 M. S. Mours (Signed) The Syruly M	Place tomplet perenne / ,1936	Nature of injury
20. FILED June 1 36 M. B. Mourse (Signed) The Lynny M		
	20. FILED Juse 1 , 36 M. L. Mourse	(Signed) The Dyna M

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DECEIV	E D   1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 6 19	36 Jaly 5, 1927	Perilonitis	3 days ago
RUREAU	7. S.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state D. Every item Exact statement Y, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. FOR BINDING MARGIN RESERVED N. B.-WINTE PLAN

V. S. No. 1

infor-

of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH 5104
1. PLACE OF DEATH	(2) X
County Churchs	Registration Dist. No.
	ND. St., Ward Geath occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. If of foreign birth? yrs. mos. ds
2. FULL NAME Mary & Sum	me /
(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) William &	21. DATE OF DEATH 57 /6 - , 193 6 (Month) (Day) (Year)
HUSBAND of (or) WIFE of William F. Summe	22. I HEREBY CERTIFY, That I attended deceased from 1936, to 5 - 15 - 1936
6. DATE OF BIRTH (month, day, and year) Seft, 13 15-66  7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, at
8. Trado, profession, or particular kind of work done, as SPINNER/ SAWYER, BDDKKEEPER, etc.	Date of onset s'-9-3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) spent in this year)	
12. BIRTHPLACE (city or town) — A. (State or country)	Other Contributory Causes of importance:
	_
13. NAME 13. NAME 13. NAME 14. BIRTHPLACE (city or town) 2. (State or country)	Name of operation Date of
	What test confirmed diagnosis?
15. MAIDEN NAME (Lefty or town)  16. BIRTHPLACE (Lefty or town)  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Byrnard Shorlis (Address) Ssure	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Horly Short Compate 5-18, 1936	Manner of Injury
19. UNDERTAKER Than W. Robert (Address) Bil Cellon	24. Was disease or injury In any way related to occupation of deceased?  If so, specify
20. FILED 5 - 16 -, 19.36 J. L. High Registrar /	(Signed) J. G. Arzydon, M. D. (Address) M. D. Arzydon, M. D. Maysiel M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritts	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributors of BUREAU	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Q	. Every item of infor-	ICIANS should state	tement of OCCUPA.	
SINDING	ERMANENT RECORD.	EXACTLY. PHYSI	classified. Exact sta	
FOR I	IS A P	stated	properly	ertificat
V.S.No.1 (T) MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of uccuPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY,	mation should be car	CAUSE OF DEATH	TION is very imports

1. PLACE OF DEATH	Sugar 1
County Charles	Registration Dist. No. 10-0
Village or City near La Plater md	No. St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Naymond Washing	If U. S. Veteran, specify WAR
(a) Residence: No. Ca Platu mo (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word)	21. DATE OF DEATH May 3, 1936 (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, Thet i ettended deceased from March 7, 1936, to March 3, 1936
S DATE OF RIPTH (most) do sed man) Queen 10 1931	last saw him elive on april 24 1936; death is said
6. DATE OF BIRTH (month, day, and yeer)  7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 1100 Am.
14 15 9 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Helper - cf. over	Carebral tumor in region of
9. Industry or business in which	Rosedulla oblongata
work was done, as SILK MILL, SAW MILL, BANK, etc.	Change turner of hadre but sometime said to
1D. Date deceased last worked at this occupation (month end year) spent in this occupation occupation occupation	Bram Jumos 3-1-36)
12 BIRTHELL ACT CHARLES Co mg-	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	Possibly aggravated by fall
13. NAME Loremna Washington	
13. NAME Jorenna Washington  14. BIRTHPLACE (city or town) Tahao Co ma	Name of operation Mone. Date of
(State or country)	Whet test confirmed diagnosis? Clinical and Xerran Was there an eutopsy? 120
15. MAIDEN NAME Maggie Simm	23. If deeth was due to external causes (VIDLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Charles Co	Accident, suicide, or homicide? Date of injury,19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT JOPENNA Washing law. (Address) La Plata Ind-	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Sacred Heart Date May 5, 1936	Nature of injury
19. UNDERTAKER C. W. Robery	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Bel altin ma-	If so, specify Cf over
20. FILED May 4, 1936 Li illian Posey Register.	(Signed) James 2, Mac Kawarayh, M.D.  (Address) La Plata M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis JUI: 6 193	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage V. S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	- UNITED	
Gallstones	May 1,1923	Gastroenteritis	1 year	

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Pt worked at odd jobs - mostly as helper in gracery store. Said to lave atruck back of head while unfealing shipment of ail dhows abound latter part of Fibr. 1936—this ilying may have agaparated fre existing disease but cause of death (primal) woodbrain tolor (Diagraded as our Wort John Hopking Hosp, Balto, Md.